



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

VIA EMAIL ONLY

June 23, 2017

Dr. Ronald B. Shealy

No Review

Record #: 2301
Facility Name: Piedmont Outpatient Surgery Center
FID #: 100255
Business Name: Piedmont Outpatient Surgery Center, LLC
Business #: 1419
Project Description: Change in ownership composition of LLC; addition of the 10th physician owner
County: Forsyth

Dear Dr. Shealy:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your email request of June 22, 2017 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

However, you need to contact the Agency's Acute and Home Care Licensure and Certification Section to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented in your correspondence. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Celia C. Inman
Project Analyst



Martha J. Frisone
Chief, Healthcare Planning and Certificate of Need

cc: Acute and Home Care Licensure and Certification Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

Moore, Veronica M

From: Frisone, Martha
Sent: Thursday, June 22, 2017 12:13 PM
To: Moore, Veronica M
Cc: Inman, Celia C
Subject: FW: [FWD: addition of an owner]

Veronica, please print, log and give to Celia (if you haven't already done so).

Martha J. Frisone

Chief, Healthcare Planning and Certificate of Need
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

919-855-3873 office
Martha.Frisone@dhhs.nc.gov

809 Ruggles Drive
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Raleigh, NC 27699-2704



Nothing Compares



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From: bcunningham@piedmontosc.com [mailto:bcunningham@piedmontosc.com]
Sent: Thursday, June 22, 2017 12:10 PM
To: Frisone, Martha
Subject: [FWD: addition of an owner]

Mrs. Frisone,
Please see the email below about an addition of an owner. Dr. Shealy asked that I send it again. Thank you.

Brandi Cunningham, RN, BSN, BA, MHA, MBA
POSC Administrator
(336) 201-0003 ext. 113
bcunningham@piedmontosc.com

----- Original Message -----

Subject: addition of an owner

From: <bcunningham@piedmontosc.com>

Date: Wed, June 21, 2017 3:37 pm

To: "Martha Frisone" <martha.frisone@dhhs.nc.gov>

Ms. Frizone,

Piedmont Outpatient Surgery Center has a new physician seeking ownership in the surgery center. He is a partner in Piedmont Ear, Nose, Throat and has performed procedures at Piedmont Outpatient Surgery Center for over a year now. He will abide by all of the conditions of the demonstration project and currently abides by the conditions of coverage for the state and CMS regulations. The original 9 physicians will still be owners this would just be an additional owner. Thus, each physician would have 10% ownership in the facility. Can you tell me in what manner I need to inform DHHS? Thank you in advance for your help.

Brandi Cunningham, RN, BSN, BA, MHA, MBA

POSC Administrator

(336) 201-0003 ext. 113

bcunningham@piedmontosc.com

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